

Medical Economics



JUNE, 1924

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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

H. Sheridan Baketel, A.M., M.D., Editor



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Courtesy of Remington Typewriter Co.

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Which Pays Better, Optimism or Pessimism?

John Walker Harrington
Tappan, N. Y.



SCOWLS and smiles may be only skin deep. Beaming Augustus may be the mask of Gloomy Gus. Willy nilly, the physician may be playing to his patients the optimist or the pessimist. Which policy pays better, or worse?

Mlle. Adeline Genée, able toe dancer, once told me that the hardest task of the art terpsichorean was to keep smiling. The ballerina is no butterfly. Her work requires great concentration of mind and an intense muscular exertion. The normal face of a danseuse would sag with woe, if she had not been trained from her childhood to make her features mirthful, no matter how much her soles were tired.

Every practitioner seeks to give his patient his best thinking and the full application of his skill. He is wrestling with a problem. Without realizing it, he may present a face so "sicklied o'er with the pale cast of thought" that he throws some weak and ailing person into despair. This is a tendency which every member of the medical profession realizes more or less and which many strive to correct. If one does not, at least, seem hopeful, he finds his practice a very serious matter indeed.

As the face is a natural mirror of the mind, however, it may betray our mental attitudes. The physician is a continuous performer on the stage of life, for often he works all around the twenty-four hours of the clock. It would be easy for him to dissemble if he were only a few min-

utes under the limelight. His disposition must have internal treatment, therefore, if he finds he has acquired a too sombre exterior.

For purposes of contrast, let us compare the careers of two medical men, each typical of the extremes of his particular class. Both may be considered as well trained and skilled and of unusual ability. Here is their case history, minus actual names and with a disguised locality:

Samuel Grinn, M.D.

Adopted policy of simon pure optimism. Smiled when patients told their symptoms, patted them on the back, advised them to forget their troubles.

Many patients got well.

Encouraged by this success, decided to give up all study.

Prescribed sugar of milk pills and administered honied syllables.

Grand Duke of Homo came to be treated for a growth on his face; Gave Mica Paris in pellets and advised course in wine, women and song.

Homo suddenly died. Heirs banished Grinn from the country and confiscated his estate

Abel Grouch, M.D.

Adopted policy of pessimism of first potency.

Gloomed over every patient who came into office. Warned all that they were in danger of dying,—sooner or later.

Some patients recovered.

This result caused him to throw aside every sign of good cheer.

Wrinkled forehead and prescribed heavy-tongue lashings and blue mass.

Grand Duke of Homo came to see about growth on his face. Gave full strength of pessimism and alarm and told him to make his will at once—probably cancer.

Homo deeply grateful for frank diagnosis, blew out his brains. Abel Grouch escorted to border.

This brings us to definitions. What is optimism? What constitutes its opposite?

Dr. Edward L. Trudeau, who certainly was an optimist, if there ever was one, called optimism a union of hope and imagination—a blend of energy, heart and will. He described pessimism as a state of apathy, sloth and indecision. The Sage of Saranac in establishing in the Adirondacks his very successful sanitarium for the treatment of tuberculosis, was dealing with a class of patients whose malady seems to carry the

of shocking him, to lure him into a fool's paradise. They informed the man with cancer that he has merely a cyst, or implied as much, anointed him with vaselin and plied him with the Elixir of Hokum. I put this in the past tense, because so great have been the strides of preventive medicine, and the growth of the movement for periodic health examinations, that the general public is demanding exact details and unvarnished



"There is a picture . . . which represents a solemn faced doctor telling a forlorn and yet handsome and vigorous young man about the youth's physical condition."

contagion of false hope. His gentle and genial ways, his high character, his serene confidence, however, were as much factors in helping consumptives to struggle against the White Plague, as were his medicines and the pine laden and rarefied air. Many there were in whom the wasting disease was checked. Some returned to their accustomed occupations bearing lesions, and losses of lung tissue, and yet victorious in their fight. Dr. Trudeau, however, did not withhold from his patients their true state—nor would any optimist of his class so do.

There was once another division of the optimistic school of medicine, which like the unfortunate Grinn, withheld from the patient all real knowledge of his condition. They were willing for fear

truths.

"Optimism," said Dr. Eugene Lyman Fisk, medical director of the Life Extension Institute, when asked for his opinion, "is often only a thinly veiled cowardice. The patient must be made to face the facts. Of course, the physician must have tact and common sense in presenting them. I have personally made many physical examinations, and have supervised the making of thousands of others, and never yet have I ever heard of a patient being scared into his grave by learning the truth. It is just as bad practice to give the impression that all is for the best, as to impress the contrary idea—that all is for the worst. The name optimist has been so loaded down with epigrams that I would

(Continued on page 38)

\$10,000 on the Books, \$9,770 Collected

R. S. Shane, M.D.
Pilot Mound, Iowa



COLLECTING 97 per cent. of one's outstanding indebtedness is going some, is it not?

If physicians collected that amount of the debts owed them, they could all be driving Packards. Most doctors could do that very thing if they would follow up the collection end as carefully as they do the professional side of their practice.

The title of this little paper is no misnomer because it represents exactly what I have done and I am glad to bring my method to the attention of the readers of MEDICAL ECONOMICS. I accomplish this with no set of

form letters. Suggestion has done the major part of the work for me. We can no more utilize a set of letters to fit every case than we can employ several drugs to treat every case of a particular disease.

I must admit that I am not in sympathy with the idea of sending a form letter to every slow-paying case, telling him that he is to be sold out at the court house door or that he will be burned at the stake if he does not come across. My plan is to sit down at the old typewriter, push down hard on the sympathy key and say something like this:

"Dear Blank:

I have not heard from you for some time and I am wondering

how you and the family are getting along. I am also enclosing your account for \$17.00 and I hope you may be able to do something for me.

"Of course, as your old doctor and friend, I know perfectly well the seven kinds of hell you have been going through and I am not writing this letter to add to your burden. I do know that some day you will pay this, because everyone realizes that you are honest

but unlucky. As a matter of fact, old man, I am in a pretty tight place myself right now and the thought occurred to me that you might be able to help me out or could at least tell me

that I might expect a little reminder in the shape of the coin of the realm.

"I hope the family is well, and remain, as ever,

"Your friend."

Letters like the above will usually bring replies and, in time, results in the form of cash or some commodity. In the event that this letter only brings promises or part cash and part promises, I wait until the time that the patient has told me I might expect something and then write him another letter, which is couched in very friendly terms and enclose a note for 30 or 60 days, drawing 8% interest. Generally this will do the work, but now and then we find some one who does not come through.

Some country practitioners have written MEDICAL ECONOMICS that previous articles on collections have been fine for the city doctor, but not available for them. Here is a practical article by a man whose work is all done in a rural community. He seems to have successfully solved his problem.

Who has a better plan? MEDICAL ECONOMICS will be glad to publish it.

Then I have sent out from Chicago a series of collection letters that bring excellent results.

One would think with all this work there would be no bad debts to collect but, despite these various methods, I occasionally find people who do not seem to want to pay even when reminded thus courteously. After I have exhausted my resources, I turn the bad bills over to a collection agency, let this concern get what it can and, when it is tired, give it to some one else. If these agencies fall down, I feel that I am justified in reporting these debts in my income tax as non-collectible.

One of the important features in collecting one's accounts in the practice of medicine, I find, is an arrangement with a bank to handle the notes. My plan is to assure the bankers that in the event the note is overdue it can be charged back to my checking account.

Experience has taught me that it does not pay to let accounts run. One of the main reasons why doctors fail to collect is because they do not act like other business men and send out their bills monthly. After I have concluded treatment of the case and have sent the bill, I wait for 30 days. If no money has been paid, meanwhile, I go and see the pa-

tient and tell him that I need a little help to keep me out of the poorhouse. He may advise me that he has no money but that he will very gladly give me a note to help me out of a tight place. This note I turn over to my banker who gives me credit in my checking account for the face of the note.

Some physicians feel that notes are of no value but I have carried out this form of collection for a considerable period and I have found that \$100 is the largest amount of money that I have ever been compelled to take up in a year. Even then this money is not necessarily lost, for oftentimes I have been able to collect the amount later on with interest to date.

The surroundings in my neighborhood are no different from those of thousands of other physicians throughout the country. I do a general country practice; I always go when I am called, and take a chance on anyone so that it cannot be said that my accounts are hand-picked.

It might seem from reading this sketchy article that I must spend a great deal of time in collecting accounts, but such is not the case. Sometimes when I am exceedingly busy in my work I may let up a

(Concluded on page 48)



"My plan is to sit down at the old typewriter, push down hard on the sympathy key and . . ."

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A Doctor's Life Insurance

Stratford Lee Morton

St. Louis, Mo.



NO doctor would think of prescribing for a patient until he had thoroughly diagnosed his case.

No patient would retain his confidence in a doctor who made no pretense to discover the nature and cause of his ills before sending him to the drug store or to the hospital.

Yet, strange as it may seem, doctors are purchasing every day the greatest of all financial services without a thorough examination of their own economic and professional ills and without any comprehensive remedy for the proper cure or alleviation of them.

I refer to the purchase of their life insurance estate. Much of the reason for this hit or miss purchase of what in the majority of cases, forms the backbone of a doctor's estate, is that some patient, or the friend of some patient in a great many cases, is the representative of some insurance company and on the theory of reciprocity, insurance is purchased without any thought of the individual needs in the case.

There are in nearly every community a number of insurance men who are equipped to properly serve a doctor as he should be served, just as there are in most communities, doctors who are recognized specialists in their chosen fields.

Let me hasten to add, however,

that just as a general practitioner in medicine should be called where no specialist is available, so should the general practitioner in life insurance, the average agent, be called where no recognized specialist is within reach. It is freely admitted that any insurance, no matter what the plan or how arranged, is better than none at all. However, where it is possible to purchase one's insurance with the proper study of the economics in

any given case as in medicine, it is the wisest course, not only from the standpoint of peace, of mind but because it is the cheapest method.

Let us briefly mention the problems that confront doctors

as a class, and point out their resulting needs, and then illustrate how these problems are handled in an individual case.

In the first place, a physician spends from two to four years in premedical collegiate work in a recognized college and then from four to six years in medical school and hospital before he begins active practice. By application and hard work he builds up a reputation and a clientele of satisfied friends and patients.

The greatest rewards in medicine as in other walks of life go in the last analysis to the man who keeps pace with the latest scientific knowledge in his field. This means constant study and practice.

"A financially independent man is a happy man." Many physicians find it difficult to become as independent financially as they desire, on account of economic conditions. Mr. Morton, who is one of the outstanding life insurance men of the country, points out a sensible, businesslike way for the practitioner "to laugh at old man adversity."

A word to the wise should be sufficient.

No man who wishes to climb to the top of his profession can afford to spend too much of his time outside of his professional work. He can't keep one eye on a stock ticker and the other on his practice. He neglects his profession at the expense of his business, or his business at the expense of his profession. He must choose which it will be.

Since a doctor's income is derived from services rendered his patients, without a clientele there can be nothing to invest.

It is proverbially true that from the nature of their training doctors are poor investors and as a result are the prey of every get-rich-quick scheme. It behooves all doctors, as it does other professional men, to make life insurance properly arranged, the mainstay of their own and their family's future.

A doctor may leave his medical books and office equipment to his family, but he cannot leave his brains and the knowledge of his profession built up by study and hard work. The only possible way to compensate for the loss of the money value of his brains is through adequate life insurance. His value, unlike the business man, ceases at his death.

And right here may be noted the fact that on the average, 50% of the outstanding accounts due a doctor cannot be collected after his death.

It is unnecessary to point out that the nature of a doctor's work makes him as a class a poor risk. He should appreciate more than anyone else the dangers of delay in procuring adequate life insurance protection.

Life insurance forms the most convenient, safe and systematic means of acquiring an estate and making sure that he will be provided with ease and comfort in old age and at the same time guaranteeing to his beneficiaries rent, grocery bills, education, necessities of life and peace of mind

at his death. There is no other form of property that can be acquired that will do what insurance properly arranged will do for him and his estate.

Let us take an individual case of Dr. A, age 35, married, wife's age 33, two children, one a girl, age 5 and a boy, age 7, with an income from his profession of \$5,000. He has built a house worth \$10,000, upon which he has a \$4,000 mortgage, and he has a few hundred dollars in the bank.

What are his insurance needs?

We will assume that 60% of his income goes to maintaining the standard of living for his family, after deducting his personal expenses that would cease at his death.

First, we should understand that at 5%, the money value of this doctor's life without figuring any increase in earning capacity is \$100,000 and that his death is the same as the loss of that amount of 5% bonds.

The first thing that a life insurance man should find out is whether this doctor has made a will and if not, urge it to be done at once by the doctor as well as his wife. The law makes two wills, one for real and one for personal property and when there are children, much delay and expense and trouble may be averted by a properly drawn will.

Next, the doctor should advise his insurance man of his financial status so that there can be the proper prescription. He should make a summary of his existing insurance and procure for him added benefits to which he may be entitled. He should see that his insurance is payable to named beneficiaries and not to his executors, administrators, or assigns.

He should then outline a program to cover the needs as analyzed. This program should include:

1. Clean up fund \$1,000
2. Mortgage payment fund 4,000
3. Income for life of wife or

- | | |
|---|-------|
| for 15 years | 1,200 |
| 4. Instalment income for 15 years until children are of age | 1,200 |
| 5. Educational policies for children at \$500 per semester each | 8,000 |
| 6. Disability income for self | 3,000 |
| 7. Old Age Annuity | 3,000 |
- This program would call for \$42,000 insurance, which could be put on the following plans with the following cost:

Endowment at age of 75, \$30,000; Five-Year Term, \$12,000 together with deferred annuity on \$14,550. Gross outlay \$1,131.50. Average net cost would be approximately \$900. The term policies could be converted as earning capacity increased with-

thing would be a mistake for twelve months, what folly to give a woman her allowance for the rest of her life in a lump sum and expect her to get by. Probate records show that the majority of money left in life insurance or other property is dissipated within five to seven years.

The program outlined can, of course, be adopted in whole or in part, according to the exigencies of the case. And as the earning capacity of the doctor increases as well as the responsibilities from an increased standard of living, additional insurance can be arranged to cover these needs.

With larger earning capacity sufficient insurance can be added to hold the principal of the insurance intact, simply using the

JONES & CO LIFE INSURANCE



"... points out a sensible, business-like way for the practitioner 'to laugh at Old Man Adversity'."

out examination.

It will be noticed that except for the policies covering clean up and mortgage payments, all the rest of the insurance is arranged on an income plan. Money dumped in a woman's lap is no more a guarantee of the necessities of life than so much medicine in bulk without prescription for its use is a guarantee of cure.

No doctor would think of giving his wife her allowance for the year in a lump sum in January and expect her to have one-twelfth of it left by December. If such a

interest to provide an income for the life of his wife and then at his wife's death, the income can go share and share alike to the children, the daughter's income to go to her for life and then her share of the principal to her estate, and the son's income at his mother's death to go to him until the age of 30 and then he to receive his share of the principal.

A doctor should put a larger proportion of his savings into insurance, especially in the early years of his practice and family

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How Shall the Doctor Dun?

Maxwell Droke

Indianapolis, Ind.



LET me state in the very first sentence that this is not an article by one of those so-called efficiency experts, drafted from the world of commerce to "pep up" your collection system. It is simply a frank, friendly talk on paper by a man who knows something about the problems you are facing.

My people for five generations have been medical men. I was "brought up" behind the counter in my Uncle

Fred's drug store. It is because I know the physician so well, and hold him in such high esteem that I have accepted the invitation extended by the Editor of MEDICAL ECONOMICS

to prepare a series of manuscripts dealing with the ever-present problem of collections.

If I can help, even a little in this vitally important matter, I shall feel abundantly repaid for the effort.

There is a tradition in our family that when my Grandfather Scott retired from active practice, at the ripe old age of 72, he had on his books more than \$17,000 worth of worthless accounts. This does not take into account thousands of dollars' worth of "charity" calls. Grandfather did not make a charge unless he felt that the patients were able to pay his modest fee. Grandmother loved to tell that story as illustrative of the noble spirit of self-sacrifice which actuated the small-town

physician a generation or so ago.

But we youngsters are inclined to take a somewhat different point of view. From where we stand, it looks as though Grandfather was doing just a little more than his fair share of sacrificing.

We believe that the doctor, as well as the butcher, the baker, and the electric-light maker, is entitled to a fair compensation. And we fail to see anything particularly noble in permitting the other fel-

low to beat him out of money to which he had every right.

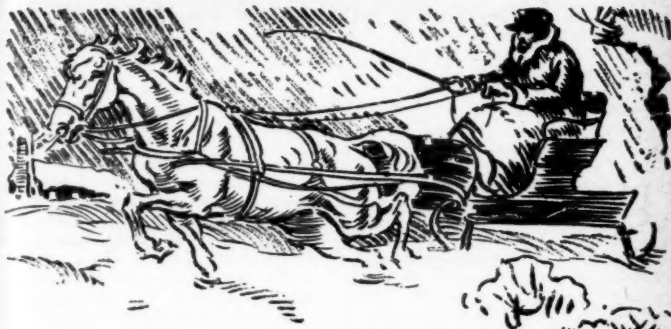
These patients paid their other bills because they had to. And they could have managed somehow to pay the doctor's bills. It

would have meant some sacrifices, perhaps. But then Grandfather made a few sacrifices when he got up in the middle of the night, and drove seven miles in a snow-storm to attend an emergency case!

I certainly do not contend that the doctor should become a Simon Legree, flourishing his blacksnake whip over helpless patients. That isn't the idea at all. But I do say emphatically that he should invariably leave the impression that he expects to be paid—promptly. Any experienced bill collector will tell you that if you succeed in conveying this impression the battle is two-thirds won.

A great many people apparently possess a peculiar complex in regard to the doctor's bill. Even in households that are punctiliously

"Give us more on collections," is the burden of many letters received by MEDICAL ECONOMICS. So here starts another series devoted to this all important subject. Mr. Droke lends a sympathetic ear to the subject, because he comes of a medical family. Then again this is part of his work and he writes whereof he knows. All of which will give added tang to his articles.



"But the grandfather made a few sacrifices when he . . . drove seven miles in a snow storm."

prompt in meeting every-day obligations there often is a feeling that "The Doctor can wait awhile for his money."

These people do not set out deliberately to "beat" the physician. But they feel, subconsciously perhaps, that "The Doctor, won't say anything" if his bill isn't paid when it is justly due.

Candidly facing the facts, we must confess that the doctor himself is not blameless in regard to this condition. Often he aids and abets such a belief by the lack of a *systematic* effort to make collections.

It is surprising the number of physicians who make little or no effort to send out monthly statements. A large majority of the others mail statements at very irregular intervals — sometimes on the first of the month, sometimes

on the tenth or twelfth, and occasionally not until the fifteenth or twentieth.

Naturally such slipshod methods advertise to the patient the fact that the doctor is not particularly concerned about the state of the account. For, unless you make a systematic effort to collect your accounts, how can you expect patients to be systematic in their remittances?

The one best way to keep collections "up to scratch" is to show the debtor, by your own collection efforts, that you mean business.

Next month I shall discuss the important topic of handling the patient who is "perfectly good" for an account, but who invariably postpones payment. The article will be accompanied by examples of actual letters, which you can use to very good advantage.

Beware of the Patient Who—

"Don't care what it costs."

"Cusses" previous medical attendants.

Says to "Come right away, no matter who else needs you."

Never asks what his bill amounts to.

Tells you how many autos and servants he has, then says "Charge."

Tells you what an expert you are before he knows.

Tells you what a lot he has paid other doctors.

Tells you what firm he is "with" when sending for you.

Says he never had a sickness in his life, so "never paid a doctor bill yet." (Yours may be no exception.)

Wants no professional services, merely the "assurance" of your opinion, then hands you a cigar.

Calls you "Doc" on short acquaintance.

Is offended when you mention your terms.

Co-operation in Practice

William M. Emerson

Kansas City, Mo.



I HEARD a successful physician a few days ago lamenting the economic waste in a Western village which had four Protestant churches. He orated very effectively on the absurdity of a situation which permitted four churches, the creeds of which were very largely identical, to run separately. He showed how much waste there was and why ineffective work was accomplished by this division of effort.

According to the doctor's belief if those four weak organizations, paying four ministers almost unlivable salaries, would combine into a community church, pay one clergyman a good salary and unite the efforts of the townspeople under one management, the cause of religion would be better served and every one concerned would be far better off.

I asked him why he did not recommend a united co-operative effort among members of the medical profession. His reply was that he had never given the matter any consideration and knew nothing about it. For that reason I want to tell this physician and all the other 100,000 men who read your snappy and aggressive journal about what happened years ago to the doctors in the town of Willowdale, Texsylvania.

Here is a town which had five doctors, all of them pulling and hauling in different directions. These five men had five houses and some of them had offices in one or the other of the two blocks in the

village. Some were good business men and some were not. Some collected part of their bills and others had far more money on their books than in their pockets.

No man was outstanding and the character of the services which they rendered their patients was in the main mediocre. When people had anything especially serious, and could afford it, they went to a city one hundred miles away. As a result, the local practitioners lost much business which was rightfully theirs—all because of their slipshod way of taking care

of their business affairs.

These medical men were not particularly friendly, although each spoke to the other. Like many professional men they

rather regarded one another with suspicion.

One day one of these doctors emerged from his trance. In driving over the countryside he had ample time for reflection and the thought which had oftenest come over him crystallized into the feeling that the doctors in Willowdale were not getting all that was coming to them. He also decided that the people of Willowdale were not getting their just deserts.

Having his nerve with him, he invited all his fellow-practitioners to supper one Sunday night and unfolded to them a plan for conserving and preserving their interests. Not much progress was made at the first meeting, but after several subsequent gatherings

Say what we may, co-operation offers the greatest opportunity for ultimate success. Why should physicians not unite forces for the elimination of necessary overhead and for better and more efficient business methods? The story told so interestingly by Mr. Emerson is simple enough that it can easily stand as a model.

they finally evolved a scheme which proved to be of remarkable value, not only to the physicians, but to their clientele.

Roughly, it included the concentration of their efforts through a united organization. As a result of their deliberations they took the floor in a block over a bank and divided it up into a large waiting room, consultation rooms for each of the men, with a couple of extra rooms to be utilized as time might suggest. Each physician moved his own office furniture and equipment into his consultation room, and the furnishings of the waiting room were purchased from a common fund.

Therein was installed a bright young woman—a graduate of a local high school—who knew every person in the neighborhood. A switchboard was put into the office and the girl was given a typewriter. Her job was to run the office; take care of the telephone; locate the doctors when out of the office and when urgently needed; send out bills; write letters, and make herself generally useful.

She did all these things so well that she became entirely indispensable. She knew where every man could be reached by telephone while he was making his calls, and

she more than saved the amount of her salary by catching the doctor for some very important case at almost a moment's notice.

I can readily imagine that my readers are saying, "What were the financial arrangements in this combination?" May I say at the outset that every doctor was on his own. The rent, light and heat were a certain fixed charge and each man paid his equal share, because each man had the same amount of floor space. The telephone, the stenographer's salary, and incidentals, were also equally divided, and all the financial matters were handled by the girl.

Bills were sent out by her, but if the individual physicians wanted her to keep their books, that was a separate matter, and the arrangements were made between the physician and the stenographer. In other words, that did not come out of the common fund. Practically everything else was divided into fifths and each man paid his share.

Before they were aware of it, this group of medical men began naturally to drift into the special lines in which they were more particularly interested. Just how they chose their specialties would be a long story, but they eventually into two internists, a sur-



"Having his nerve with him, he invited all his fellow practitioners to supper one Sunday night."

geon, an eye, ear, nose and throat specialist, and one who did obstetrics, gynecology and diseases of children. The men found that the old adage "in union there is strength" was a very true one. Unconsciously, they established a group, although it was not a group in the usual sense, because they were only combined for the purpose of saving their overhead.

Dr. A. found that surgery appealed to him more than any other particular line. He had done a considerable amount of this kind of work and, consequently, he took a two months' vacation one year and went to a surgical clinic. There was no hospital nearby the town in which he was located, but he was able to do some good work in the homes and this prepared him for the utilization of the hospital which eventually came, but which is not a part of this story.

While he was gone he arranged with the other men to take care of his practice and they divided 50-50, he, of course, keeping up his share of the office expense meanwhile. So, as these men felt the call for doing special work, they went away and took postgraduate courses and made about the same sort of arrangement as did the surgeon.

Later on it was found that lab-

oratory work and an x-ray machine were necessary, so they fitted up one of the vacant rooms for that purpose, each one paying his share, and put in a woman technician. She paid her way from the start.

The farming community surrounding this village prospered and the bank put up an addition. It was very easy to cut through from the doctors' offices and take over a few rooms for hospital purposes. These few rooms later developed into an independent hospital institution which became a remarkable help to the people of the neighborhood.

Other doctors moved into the town but they did not make the impression nor do the business that was done by these united medical men for the reason that they had no organization and could not render the service.

All this happened years ago and the original members have mostly been succeeded by others. Today it is known as a group, but originally it was merely a little loosely knit body joined together to save overhead expense and to give added efficiency to the work of the individual doctors.

Why cannot physicians in small communities throughout the country do likewise?

Shifting Responsibility

A merchant, unable to sleep, tossed fitfully on his couch and muttered unintelligible words. The wife of his bosom sought the cause of his restlessness. In answer to her inquiries, he said:

"You should expect me to sleep when my note to Cohan in the bank comes due tomorrow for \$5,000 and there's only \$2,000 in the bank to meet it."

"It is?" said the faithful wife. "Then I tell you what I should do, Ike. You should get up and go over to Cohan's house and tell him, and then come back and go to sleep. Let Cohan stay awake."

—Cincinnati Times-Star.

Scotch Economy

The Scots are thrifty. About to set off on a business tour of some weeks, Angus remarked to his wife:

"Good-by, my dear; dinna forget to mak' wee Sandy tak' off his glasses when he's no' lookin' at anything."

A colored pastor announced to his congregation the following subject: "Brethren and sisters, I'se gwine to preach a powahful sermon dis mornin'. I'se gwine to define the undefinable. I'se gwine to explain the unexplainable, and I'se gwine to unscrew the unscrewable."

—Savannah Journal.

A Better Car for Better Practice

R. V. Baketel, M. D.

Methuen, Mass.



IN these days, when the automobile has become almost as necessary a part of a physician's equipment as his thermometer or stethoscope, one of the first problems confronting a young doctor about to begin practice is, "What car shall it be?" This question, originating in the brain, is generally "referred," as pain sometimes is, the "reference" in the case being to the pocket-book. The answer is more than likely to be one of the cheaper cars.

The cost of a better car is usually prohibitory for the young man just out of medical school and hospital, unless he possesses a comparatively large capital or financial backing. The cheaper car is more in keeping

with the practice he is likely to have for a considerable period. These cars are not to be passed by lightly, for they give excellent service and are particularly adapted to city work where traffic is dense, streets good, and distances, as a rule, short. Not so much can be said in their favor for country work, because their riding qualities do not fit in any too comfortably with poor roads. However, they are giving acceptable service to many country physicians.

As the young practitioner matures, his practice grows, and his financial status improves. When that time comes he begins to consider whether or not he can afford

a new car, and, if so, of what type. Again the answer depends on the amount of capital he can see his way clear to put into this part of his equipment. Some are satisfied to continue with a cheaper type, but most men want something better, something with more "class" and better riding qualities, a car that bears the stamp of prosperity. Such a car will satisfy until practice is on a firm basis, and a steady income of proper proportions assured. Then the way will be clear to

indulge in a little luxury, and the Better Car is likely to be impressed into the doctor's service. The reasons why I run a car of this kind are four-fold, to wit:

"Clothes make the man," some one has written. Reasoning in the same way, can we say that a physician is known by the automobile he drives?
Certain it is the doctor's car is all important and Dr. Baketel properly stresses the various phases of motorism as it affects the practitioner.

Appearance: It is good business for the physician to own a good automobile. His patients prefer to see such a type of car stop at their homes. They like to feel that their doctor is a successful man, and one of the satisfying evidences of this success is the fine motor he drives. The physician of established practice has an office well equipped for his needs, he is a frequent visitor to the various clinics, and keeps well abreast of all the advances in medicine. These facts are known to his patients, and make a favorable impression upon them. The driving of a high-class car is an additional appeal to most of his clientele.

Comfort: What is more tiring than bumping over the roads in a small, light, rattle-bone machine? It takes more than a night's rest to dissipate the back-ache produced, and the cost of maintaining a comfortable car is little, if any, more. Whether a call comes at midnight in bleak winter, or at midday in blistering summer, the physician who utilizes a Better Car can be assured of a comfortable, safe and speedy trip to the bedside of a patient, either just around the corner or many miles away.

Stability: The physician's automobile should possess qualities which will enable it to stand up under very exacting conditions, at all times of the day and night, in winter and summer, standing for hours in the hot sun or in driving snow, and still be able to

render immediate and satisfactory service at a minute's notice. Mile after mile, with most infrequent visits to the garage, and the doctor knows that his means of transportation is equal to the task. The satisfaction of this knowledge is very great.

The Personal Equation: Is there any question of the pride one takes in the knowledge that the car he drives is a high-grade product of high class American engineers and artisans, that it embodies the best in mechanics, combining the greatest degree of comfort with the least worry, and at a cost which is not prohibitive?

To me these facts are pertinent, and constitute the reasons "Why I Drive a Better Car."

The author uses two Packards—a coupe and a touring car.

Nine Danger Signs

Every investor should be "on guard" for nine danger signs:

1. Mining stock. The best looking mine in the world may prove a "white elephant." Mining is a very expensive undertaking and the risks are unusually great.

There are many good mining investments, of course, but this branch of the investment market is generally not for those who work for and depend upon a salary.

2. Oil stock. Drilling for oil is costly. The hazards are great. Oil investments are speculative and in a class with mining investments.

3. In the wake of every important discovery or invention there comes a host of schemes—"air-planes," "radio," "wireless." The promoters of these may have only the best of intentions, but frequently their enthusiasm is about all they have to sell. Look before you leap.

4. Investment in "real estate" situated in some distant place is

sometimes as dangerous as mining stock. People have been known to buy swamps advertised as "sea-shore frontage." Know what you are buying before you invest.

5. "Land development" schemes frequently do not pan out. At best it is a long time before any money comes in from sales. Investment in "new companies" that are going to "sell by mail" should be generally avoided.

6. Patent rights and processes distribution. It is rarely the patentee who makes the money.

7. "New manufacturing methods" should always be closely checked and investigated.

8. An investment requiring a quick decision is often a fake. If there isn't sufficient time to "sleep over it," something is probably wrong.

9. "Special inducements" in cash discounts or stock bonuses urging you to be one of the first to invest are suspicious symptoms.

(U. S. Gov. Savings System.)

Bad Debts and Their Prevention

Roland C. Evans, A. M., M. D.

Sheffield, Ala.



IN the March issue it was my privilege to present to MEDICAL ECONOMICS readers a little dissertation upon, Who is the Average Doctor's Worst Enemy? At that time I promised to again break loose at some opportune time, and air my views upon the subject which appears at the head of this article.

One of our oldest and most trite expressions is "An ounce of prevention is worth a pound of cure." Goodness knows that every general practitioner, who has been in the practice of his profession for at least twenty-four hours, begins to place names and amounts upon his ledger which are going to help cause him to become prematurely gray.

Why does he do this?

Because he is the new man in the locality, and all of the people who have systematically beaten every other new doctor, who has put in his appearance, are going to have a crack at this latest addition.

This places the new doctor in a difficult plight right at the start. He is afraid to question these people too closely upon the standing they have in the community from a financial and credit standpoint.

It is usually the office callers who prove the most troublesome. If it is an outside call, the doc-

tor has some opportunity to inquire a little, but in the case of the office patient there is no such opportunity. The various credit bureaus and associations have been a great help to the business man, but so far among the professional classes, they have proved somewhat of a failure.

Why? Simply because the professional man considers his patient more from a personal standpoint, and hesitates to make his knowledge a public matter.

The doctor, therefore, keeps these matters to himself, instead of keeping his brother practitioners posted, and when he gets tired of crediting a patient, said patient seeks fur-

ther credit elsewhere.

Taken as a class, we general practitioners are entirely too secretive. We attend our weekly or monthly medical meetings, and enjoy everything which comes up for discussion, until some brother mentions the matter of collections. Then each and every one of us shuts up like a clam, and the only suggestion which can be brought forth is a motion to adjourn.

When it comes to a question of our personal and financial dealings with our patients, we are entirely too secretive. This is largely a result of the ideas which we older men have cherished for so long a time.

"Doctors have been the goats long enough," Dr. Evans says very truly. The grocer, the coal dealer and the landlord get their money monthly; the doctor when the people get good and ready; often never. Dr. Evans shows the fallacy of our present haphazard business methods and advocates a radical and much-needed change. Read what he says and profit.

The younger men must get into the fray and shake us out of our lethargic condition. Our sympathies have been worked upon to such an extent that we appear to have lost all control over them.

How long has it been since some of you have had an experience somewhat resembling the following: A dark and stormy night. You have just gotten comfortably to bed when the phone rings. "Come right out to see the wife; she is bad sick."

You crawl into your clothes and go two or three miles through the mud and rain to find a case who could just as well have waited until daylight, except for the fact that friend husband could not

There is a mistake somewhere. When you prepare to leave, the man of the house tells you just to hold that against him a few days, until he has a chance to come in and see you, and "Say, Doctor, when you go by the drug store in the morning, just pay for this prescription for me and then I will settle the whole thing with you at once." You agree to do this and start on your journey home.

About half way you have a puncture, right in a bad place in the road, and of course it is still raining. But you hum a little tune and change your tire. About daylight, you crawl in, tired, dirty, sleepy, muddy and perhaps slight-



"You have a puncture in a bad place in the road and it is still raining."

sleep and needed some one to share his misery.

If you are like the usual country doctor you mix up a little medicine from your bag to last until some of the family can get a prescription from the drug store in the morning.

Now, everything is lovely—the patient feels better—the family is satisfied, and all you have to do is to pocket your fee, have a pleasant ride home and retire again to your downy couch.

But we are getting ahead of the game.

Did I say you collected your fee?

ly peeved.

Some hours later you are in the drug store and tell them of your experience. One or two of the other doctors may be there at the same time. "So that chap has caught you, has he?" says one M. D. "That is the way he has done us all. You might as well forget to put it down on the book, for you will never collect from him."

How do you feel now?

What would you like to say?

But what is the use. This is one of the matters the doctors will have to settle among themselves

I could go on citing other experiences varying in some minor respects, but why waste time. We have all had them and will continue so, to do, until some time we all get up on our hind legs, and decide to make a change.

What change and who's going to make this change?

The sooner we all come to the conclusion that the laborer is worthy of his hire, and that in this case we are the laborer, and we must find a way to put our profession on more of a cash basis, the sooner we are going to put ourselves in a more favorable financial position.

Teach the people to understand that all continued cases must be considered upon a monthly basis, just the same as any other business transaction.

Make office work and single calls absolutely cash.

It sounds rather harsh, but consider just a moment. Your grocer or coal dealer or house owner expects you to pay him each month. Some of them even expect it in advance. If you do not collect your accounts due, how are you

going to meet your current expenses; and perhaps put a little by for the proverbial rainy day.

Perhaps it is a little harsh, and no doubt it is going to cause some hard feelings, but the people who intend to pay are going to be glad to see you getting down to a business basis, and the others, after they receive a few refusals are going to begin to see the light and change their ways.

Surely we doctors have been the goats long enough. Let us talk these matters over among ourselves, and dispassionately at our society meetings. We can readily come to some agreement, and it will not be long until we will have more cash in our pockets and fewer dead beats on our books.

Have I made myself plain?

This is not a matter to be approached in a haphazard manner. It is going to take team work, and some people are going to have to be handled with gloves, but I firmly believe that it is the only way we are ever going to get upon a self-supporting and safe financial basis.

Sound Investments

There are many good things in which to invest your money. Bonds are normally safer than stocks. In effect, when you buy a bond you lend money to the corporation or government which issues it. The corporation pledges its resources and earnings, the government its credit and revenues, to back up its promise to pay for automatically. He knows the meaning of "peace of mind," because he has money laid by. His chin is up, his step is brisk, he is master—not the pay the principal and interest of the bonds when due. No sound corporation or reputable government can afford to default in its bond payments.

All bonds are not safe investments. Bonds are rated according to the nature of the security behind them. First in order of safety come the bonds of the United States Government; then those of States, and of counties and municipal divisions. Then there are the bonds of railroads and public utility corporations, such as gas and electric companies, and corporations engaged in private industry. It is impossible to lay down any fixed rules as to what bonds to buy, but you are always safe in buying United States Government securities, and your banker should be able to advise you in case you have other investments in mind.

Editorial

Health and Co-operation

The votes are rolling in.

From every section of the East and Middle West they have come. No attempt has been made at tabulation, but their receipt, in constantly increasing numbers, gives clear indication of the interest in the subject.

"What vote?" say those who did not read May MEDICAL ECONOMICS. Each of that issue of 100,000 copies contained a ballot, asking these questions:

"Are you in favor of periodic health examinations?"

"Do you favor advertising the necessity for such examinations in the lay press?"

The impossibility of recording even the partial results of the vote in this issue may be seen when we say, that owing to the tremendous circulation of MEDICAL ECONOMICS, the magazine goes to press three weeks before it is placed in the mails. Thus, only one week elapses between the appearance of the May number, containing the ballot and the sending of final copy to the printer.

For this reason no votes have reached us from points west of Iowa, but if the votes in the West and South equal in proportion those already received from East and Central West, an enormous number of physicians will express themselves on this important issue.

The public health can be measured with a very fair degree of accuracy. Life can be extended a few years or many years, exactly in accordance with the watchful care given the individual.

A good suit of clothes, carelessly worn, used in all kinds of weather, without attention, lasts a comparatively short time. That same suit, properly brushed, sponged and pressed, worn carefully by an intelligent person, will wear so long that the owner eventually tires of it and gives it away.

So with human life.

Editorial

Thousands of babies die annually before reaching their first birthday. Antenatal examination of the mothers and prenatal examination of the babies would save the large majority of those infants. Thousands of people in middle life die "Before their time," as the laity is wont to say.

Why?

Because some disease, easily preventable, if noted at its inception, has become chronic before the family physician sees the case.

An annual or semi-annual examination of the populace by the physicians of the United States would extend the life expectancy from ten to twenty years.

The average length of life in this fair country of ours is 54 years.

Why not 74? Who can make that increase possible?

You, doctor, and the other 125,000 of your fellow medical practitioners. If you will "sell" the idea of the necessity of periodic physical look-overs to your patients they will live longer, and be far happier.

You, in turn, will be busier than you ever have been in your life.

Trying to get ill people well?

No, keeping well people well.

Members of the laity must be educated to the absolute necessity of physical well being. They must be kept well, even though it may be in spite of themselves at first. They must be shown the way and, if this end is to be accomplished, WE AS PHYSICIANS MUST DO IT OURSELVES.

A few concrete examples should suffice to enable the physician to demonstrate to the most doubting Thomas the great boon offered him by these periodic tests.

Arterio-sclerolosis and Bright's disease are not discovered ordinarily until the patient is sufficiently advanced that his prognosis can only be regarded in one way — bad.

Tuberculosis, taken in its incipiency, can be arrested in many instances. As matters stand today hundreds of

Editorial

cases are in the non-curable stage before the physician sees them.

Cancer in some of its forms, taken at the onset, can often be eradicated. How many cases have you seen in your own practice, in which neglect played a fatal part?

Would not a periodic examination have permitted a diagnosis in most of them, with a good chance of a very low mortality?

We have been known throughout history as the disciples of the healing art. "Purveyors of health" should now be added to the title.

Most physicians believe that public health is purchasable and that the welfare of the community is in direct ratio to the amount of effort expended by the individual in co-operation with the physician. This is a fifty-fifty proposition. The laity must co-operate with the medical profession.

The medical profession, on the other hand, must co-operate with the laity. Many people are now asking their medical attendants for an examination.

Do not laugh it off with the remark, "Why should I examine you when you are perfectly well?"

Do not give them a stone when they ask for bread.

Let medical men and laymen co-operate, for in co-operation alone rest all the elements of success.

Cutting Costs With a Sledge-Hammer

A man with a big sledge-hammer in his hand opened my office door while I was dictating and said, "Will it disturb you if I disconnect your radiators now?" (We were enlarging our building and the radiators had to be moved.)

"With a sledge-hammer?" I asked, wondering why he did not bring a big pipe wrench.

"Sure," was the answer, and before I had recovered from my surprise, he tapped the elbow joint deftly two or three times and

it broke. Pushing the pieces with his toe he said, "that piece cost about six cents. To disconnect your radiators my way takes about one minute per radiator. Which is best?"

And with a smile he repeated his operation on the other radiator and was gone.

I wonder if a lot of us are not pussyfooting around trying to do things quietly with pipe wrenches, where we ought to use the good old sledge and get quick results.

—A. S. T. A. Journal.

The Control of Acute Gastro-Enteritis

ACUTE gastro-enteric infection, more frequently known as summer diarrhea, yearly causes the death of thousands of our babies. Siebert points out most clearly that this is largely caused by milk, which, during transportation, is subjected to a high temperature, thus enabling the rapid growth of bacteria and the formation of toxins to take place therein. Milk in summer frequently contains even as many as five or six million bacteria per cubic centimeter. To feed this to a baby whose resistance has already been lowered by exposure to excessively hot weather is often fatal.

Dr. Louis Fischer in his book, "Infant Feeding in Health and Disease," suggests a method of control.

He says: "When mucus continues to be present, and the stools continue to be thin, then milk in every form (mother's as well) must be stopped. It is in this class of cases that even whey will not be tolerated. This form of diarrhea usually occurs in summer, when milk has undergone fermentative changes due to the presence of bacteria.

"As a temporary substitute feeding, I advise the following:

"Nestlé's Milk Food one teaspoonful, rice water three ounces.

"Rub up the Nestlé's Milk Food powder with a little cold water, add the rice water and heat slowly till it comes to a boil. Do not add sugar or lime water. The above quantity can be fed every three hours to a baby up to three months of age.

"For a child three to six months of age, give every three and one-half hours:

"Nestlé's Milk Food one and one-half teaspoonfuls; rice water, five ounces.

"For an infant six to nine months of age give every four hours:

"Nestlé's Milk Food two teaspoonfuls; rice water, seven ounces."

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Harold Hays, M. D., F. A. C. S.

New York, N. Y.

Letter No. 7



My Dear Jerry:—

I have been having a strenuous time the past few days.

It was up to me to wind up my affairs and get out of town to sit in a back seat as a delegate to our State Society convention. I wasn't feeling exactly fit, for I had had quite a few things to worry me lately, and so I felt it would do me some good to get away from the grind, even if I did have to spend most of my time in the smoky atmosphere of medical politics.

In my last letter to you, I dwelt upon medical societies and advised you to join your County Society at the earliest opportunity and I thought that would be about all I would have to say on the subject. But going to this convention has given me much food for thought and has shown me how little the average medical man knows of the workings of things political and how absolutely ignorant he is of the inroads which are being made in our branch of the healing art.

Although the practice of medicine is artistic when you have money enough to practice it as an avocation, it is decidedly a business and needs careful watching and nursing, if you have to work at it for a living.

I am not one of those who rail at the eternal gullibility of the public in general, but at the same time I would like to see the medical profession maintain a solid front and attempt in this way to side-track some of the nonsense

which is being preached and practiced today. When someone comes along and tells a poor simp of a layman that rubbing his big toe will heal a gangrenous appendix, then I think it is about time that we stepped in and used the knife in the right direction.

But what gets me more than this is that such treatment is handed out to poor innocent children who cannot protect themselves. When such a question as the restriction of such practice is brought up at medical meetings, all the doctors yell, "Damn and Hell," but when you ask a delegation of them to go up to the Capitol of the State and plead the cause of the "peepul" they always have a lot of sick cases that they cannot leave. But the awakening is coming soon and I am glad to say that there are some serious-minded gents in our profession who are taking the bull by the horns and soon will be making boarding-house hash out of it.

I joined our County Society at an early age and for years was a high private in the rear ranks. But it wasn't long before I learned that there were other things to do than to go to the meetings to listen to the scientific papers. There were certain men who had to be spanked by the censors once in a while to make them behave.

There was a great deal of business to be done in the way of looking over the new legislation which would affect the practice of medicine.

(Continued on page 42)

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Cantilever Shoe

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&
Women



More Careful Diagnosis

in cases which suggest rheumatism of the feet, neuritis, sciatica, or complain of backache, edema of the feet, sore, stiff, painful muscles, cramps in the legs, etc., may suggest that the causative factor lies in the SHOES worn.

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is not an ugly, clumsy orthopedic shoe. It is attractive, modish, supplied in many styles. There is a CANTILEVER SHOP in nearly every city in this country. The material used in the CANTILEVER SHOE is of the best quality, so that the shoe is

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Dr. J. B. H. Waring designed an Anaesthesia Arm—a great aid in giving Ether anaesthesia. The Doctor describes his "Arm" so well that we print his letter as received:

"I take it that medical efficiency comes in really as a sub-division of medical economics; and on that basis I submit brief description of a little device which I have found invaluable in my work, and which may be of equal value to readers of your meaty little journal:

"Ether by some form of drop method administration is unquestionably the method of choice of the vast majority of the profession today, for surgical anaesthesia. It is true that specialists in anaesthesia, as well as the anaesthetists of many of our larger city hospitals and clinics, use the more complicated gas-oxygen-ether sequence apparatus. Likewise many of our Nose and Throat operators are partial to ether vapor, warmed and delivered by some one of the modern electrically-driven air pump machines; but for the rank and file drop method ether is the choice of the vast majority, and from the present outlook will continue for some time to come to hold first place. The new Ethylene gas has very interesting possibilities, of course, but may still

be regarded as largely in an experimental stage.

"One distinct disadvantage of drop method ether from the standpoint of the anaesthetist is that this carries with it a constant strained attention and physical fatigue, in the effort to so hold the ether dropper that the anaesthetic is dropped on the mask at a constant rate throughout say a

major surgical operation of from one half to perhaps two hours' duration. From sheer physical fatigue, then, drop method ether usually degenerates into a more or less intermittent sort of affair; ether is dropped on the mask steadily for a few minutes; then the supporting arm is rested on edge of operating table, until in judgment of the anaesthetist more ether is required. This more or less intermittent dropping of the ether results in wast-

age and often in a far from smooth anaesthesia.

"That this difficulty and inefficiency has been recognized by many anaesthetists is evidenced by the number of ether droppers developed in recent years. Many of these are mechanically perfect, and will do the work nicely, but most of them are more or less complicated and unduly expensive. Further they require usually pouring and repouring of the ether from can to container and vice versa; with resultant evap-

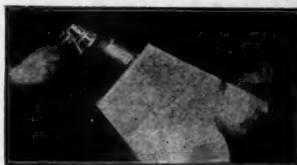


oration, possible air contamination of ether, etc. For these general reasons, I presume, none of these elaborate anaesthetic devices have taken well with the profession at large.

"I am called on from time to time for anaesthetic administrations, and to enable a more efficient and satisfactory drop method anaesthetic, with elimination of the strain and physical fatigue of attempt to follow a strict drop method throughout, have devised a simple device illustrated in accompanying cut, which for want of a better name, I have designated as an Anaesthesia Arm.

"This little device is attached to corner of operating table, edge of anaesthetist's table, or where anaesthesia is administered, say in the private residence, may be attached to bed or bedside table, or chair. The little device is quickly adjusted both vertically and horizontally, takes the ether as it comes in its ordinary container, and with a simple, positive drop regulation enables the anaesthetist to give a perfectly smooth, even anaesthetic with a minimum of anaesthetic used. In the interests of simplicity a notched cork with cotton wick may be used, or the time-honored safety pin inserted through soft metal seal of ether can, is equally satisfactory as a dropper. The ether can may be rotated through an arc of something over 180 degrees, and when not in use rests in an upright position; likewise it may be quickly swung entirely clear of table, and so out of the way of patient's arms or head, if desired during an excitement stage. Aside from surgical operations, the Anaesthesia Arm will be found of much value to the obstetrician in private residence cases, where it may be attached to side of bed or delivery table, and chloroform administered drop by drop as needed.

"It is light, portable, quickly assembled or dismantled, and in my own work, a great aid in an easier and more efficient anaesthetic administration."



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The brief paragraphs on this page are designed to keep busy physicians informed about useful literature and samples offered by manufacturers of instruments, appliances and pharmaceutical products. Our readers are requested to mention MEDICAL ECONOMICS when writing the manufacturer for this literature.

What Electro-Therapy Means to the Physician. 14 pages of interesting information on the important subject of Electro-Therapy. Suggestive rather than explanatory, its object is to present the basic facts that have decided many eminent physicians to adopt this therapy. Copies sent on request by the A. S. ALOE COMPANY, ST. LOUIS, MO.

* * *

Radium Emanation Therapy is the title given a collection of scientific bulletins issued on request by RADIUM LIMITED, 2 W. 45TH STREET, NEW YORK, N. Y.

* * *

An interesting little publication entitled "*Service-Suggestions*" is issued bi-monthly by the Victor X-Ray Corporation, Jackson Blvd., Chicago. It is devoted to descriptions and discussions by various physicians of X-Ray Therapy and includes editorials from various medical publications on that subject.

* * *

THE DRUG PRODUCTS COMPANY, 156 MEADOW ST., LONG ISLAND CITY, N. Y., has recently issued a new price list entitled "*Dependable Glandular Preparations.*" It contains prices and descriptions of 25 products of this company.

* * *

Dispensers interested in administering Cod Liver Oil in tablet form, can procure a concise treatise on the subject by writing THE STANDARD LABORATORIES, INC., 855 WEST JACKSON BLVD., CHICAGO. Ask for C-L-O-I-N folder.

* * *

Hay-Fever. The diagnosis and treatment with Pollen Antigens is very conveniently and intelligently discussed in an illustrated booklet

of about 64 pages, published by LEDERLE ANTITOXIN LABORATORIES, 511 5th Ave., New York City. The object of this little book is to give the busy practitioner the important facts concerning the pollens that cause hay-fever; to explain to him briefly the approved methods of making diagnostic tests and administering the pollen treatment; and to provide him with a handy reference so that he may readily know the various pollens causing hay-fever at different seasons of the year in his own locality.

* * *

Physicians located in the Metropolitan district will be placed upon request on the mailing list of "*Surgical Chat,*" published for the medical profession by the NATIONAL SURGICAL STORES, INC., and BROOKLYN CLINICAL LABORATORY, 1276 Broadway, Brooklyn N. Y. John M. Jamison, Editor. This publication is devoted primarily to descriptions and discussions of Surgical Instruments and Appliances.

* * *

Topical Treatment of Disease is the title of a well-illustrated 24-page booklet on the subject of Manipulative Treatment; Thermal Therapeutics, Mechanico-Medical and Ionic Medication. Copies supplied upon request to the Pharmacal Advance Press, 70 W. 40th St., New York, N. Y.

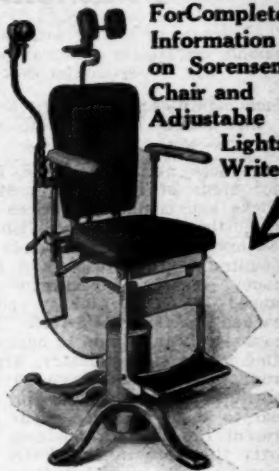
* * *

A new publication entitled "*The Endocrinist*" has made its appearance. It is published quarterly and contains comment on Current Endocrinology and Endocrine Therapy. Volume 1, No. 1, contains: New Therapy in the Light

of New Physiology; Neurasthenia; Diabetes Mellitus; Prolongation of Human Efficiency and Excerpts from Modern Endocrine Therapy. J. J. McNulty, M. D., F. A. N., is the editor. The Phospho-Albumen Company, Newburgh, N. Y., are the publishers. Physicians interested will be placed upon the mailing list upon request.

Another new quarterly medical journal, entitled *Progress in Chemotherapy* and *The Treatment of Syphilis* is published by The Dermatological Research Laboratories, 1720 Lombard St., Philadelphia, Pa. Volume 1, No. 1, contains: Dangers of Insufficient Dosage; Intramuscular Injections of Arsphenamines; Physical-Chemical Properties of the Arsphenamines; Elimination of Arsphenamine and Two New Remedies—"Tryparsamide" and "Bayer 205." The names of interested physicians will be placed on the list to receive copies regularly.

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Financial Department

The purpose of this column is to provide the physician-investor with reliable investment information and to help him in choosing the sound securities that meet his requirements.

Each month we will review briefly the financial situation and outlook and answer several questions of general interest on investment.

Business activity showed further signs of recession in May. Stocks and commodity prices reflected this change by establishing new low averages, while bonds responding to the pressure of idle money seeking investment advanced to the highest point reached since February, 1923. The most significant slump in business came in the steel industry, where production declined from 90 per cent. of capacity earlier in the year to about 60 per cent. at the present time. With business activity therefore in practically all lines seriously curtailed, it is not to be wondered that prices have declined rather than advanced. Undoubtedly the country is still suffering from the effects of the war in the over-extension of its industries, excessive taxes and high wages. That a readjustment of wages is imperative is generally conceded, but any direct attempt to reduce wages immediately provokes a conflict with the labor unions. To some extent, however, reductions in wages have been effected on some of the railroads, in the shoe industry and in an indirect way in other industries by the shortening of the working week.

In Washington the radical element in Congress had its way in tax revision legislation, as it had with the Soldiers' Bonus bill and earlier legislation of the present session. The tax bill in its present form bears little resemblance to the scientifically constructed

Mellon plan and for that reason fails to receive the endorsement of the business community. As for the enactment of the Bonus bill over the veto of the President one significant point to be drawn from this episode is the helplessness of Mr. Coolidge in the face of a disorganized party and the realization that with the assistance of the radical group the minority party actually controls Congress. Another point in the passage of this bill of even greater significance is the principle established in the measure—the principle of a national legislative body

forcibly commandeering substantial portions of the funds of one class to redistribute them among another class.

Developments in the European

situation after the surprising results of both the German and French elections continued quite largely indefinite. This was necessarily so because in both countries the forming of New Ministries was difficult, due to the uncertain results of the general elections. Because of this greatly mixed and therefore indefinite situation created, any attempt to predict the effect of these new political groupings on the politics of the Continent is futile.

The business outlook is still uncertain, and therefore, until basic trade conditions improve, we do not advise the purchase of stocks. The bond market should continue firm because of the pressure of idle funds seeking employment.

Upon request, information concerning investments will be furnished to readers of MEDICAL ECONOMICS. We will not answer questions regarding purely speculative issues. Address all inquiries enclosing a stamped envelope to the Financial Editor, MEDICAL ECONOMICS, 256 Broadway, New York, N. Y.

Financial Questions and Answers

Diversification Needed.

QUESTION: Would you be good enough to criticize my list of holdings, telling me frankly whether they are the sort of investments for a physician to hold who can afford to take no chances: 120 shares American Telephone & Telegraph common, 40 shares General Electric common, 80 shares New York Central common.

M. H.

ANSWER: While the stocks listed are all high grade, we would consider it more desirable to spread your investments over a wider field. We suggest a rearrangement of your securities to include Consumer Power 5s, 1952, yielding 5.8 per cent; Hocking Valley 4½s, 1999, yielding 5.3 per cent; Louisville Gas & Electric 5s, 1952, yielding 5.8 per cent; American Locomotive preferred and Brooklyn Edison common.

Real Estate Mortgage Bonds.

QUESTION: I am writing to ask your advice. From time to time I have a few hundred dollars to invest and note in various current magazines bonds offered by real estate mortgage houses to yield as

(Concluded on next page)

"An Investor's Catechism"

This booklet explains without bias the weak and strong points of various forms of investment. Sent free to those with \$100 to \$100,000 to invest Guaranteed Against Loss. Use the coupon.

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high as 7 per cent. As you never recommend in your column bonds paying more than 6 per cent, I would like to know whether you regard such investments as safe. Thanking you in advance.

H. M. T.

ANSWER: Answering your inquiry regarding real estate mortgage investments, we are glad to say that in this field there are many bonds which are entitled to favorable consideration. To get this high yield, however, you are generally obliged to sacrifice marketability. In choosing such a security be careful to confine your purchase to houses of well established reputations, analyzing yourself, if possible the particular security selected. If you cannot analyze a real estate bond yourself ask your local banker for his opinion.

Two Attractive Investments.

QUESTION: I would appreciate your opinion on the following securities: Electric Bond & Share Co. 6 per cent preferred stock and the new Japanese loan due in 1954.

W. M.

ANSWER: The 6 per cent preferred stock of the Electric Bond & Share Company is a high grade public utility stock and one which we believe you should have no hesitation in purchasing. The new Japanese Government 6½ per cent bond in our opinion is a good grade security suitable for most investment purposes. While the credit of Japan is not as high as that of some other foreign countries, it has always met its obligations in the past, and we see no reason to fear that it will not continue to do so.

Current Literature for Investors

The booklets listed below contain investment information relating to bonds. Check the booklet or booklets desired and send page to Financial Department MEDICAL ECONOMICS. Every investor owes it to himself to know the whys, wherefores and danger signals of investing. Hard earned money should never be put into the hands of glib talkers who promise tremendous yields and give nothing but a beautiful specimen of engraving. MEDICAL ECONOMICS is endeavoring to present to the Medical Profession information regarding safe methods of investment.

Investing at Various Stages of Life.

This booklet emphasizes the factors which should determine the selection of investments at each stage of life.

An Investor's Catechism.

This booklet explains without bias the weak and strong points of various forms of investment. Sent free to those with \$100 to \$100,000 to invest.

Building an Income with Guaranteed Bonds.

Explaining first mortgage real estate bonds and the added strength of the guaranteed.

Plain Facts About First Mortgage Investment.

This booklet describes in simple terms the various features of first mortgage real estate bonds, which have never caused a dollars loss to any investor.

Mighty Servants of Civilization.

The soundness of high-grade Public Utility Bonds as conservative investments is fully set forth as an attractive booklet just issued by one of the leading investment houses. The booklet is illustrated and explains many phases of the business.

Well Fortified Investments.

There is no rule of thumb by which to determine the amount of money safely to be loaned upon real estate and its improvement. A booklet which tells of the judgment and experience of an old established house will be sent upon request.

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Send just \$2.00 and we will forward it to you at once. Try it. If not thoroughly satisfied return and get your money back. If perfectly satisfied, send the balance in ten monthly installments of \$2.00 each; without interest—\$22.00 in all complete, which is the regular cash price everywhere.



Which Pays Better, Optimism or Pessimism?

(Continued from page 8)

like to see it dropped from the English language. The brighter an epigram, the less true it usually is. A better policy than optimism is courage—just plain matter of fact, common sense confidence.

"In these days," continued Dr. Fisk, "the patients will stand the shock of being told exactly what is the matter with them. The physician can instil into them a firm courage. Indeed, some people accept a diagnosis that their kidneys are not functioning properly, with as much concern as they would a bulletin to the effect that the carburetors of their automobiles are clogged. They are being trained by progressive, earnest, common sense doctors to act on diagnosis. There may be men, and indeed, there are such, who need a serious talking to, before they will attend to the machinery of their bodies, but there is no necessity of scaring them, even if they could be frightened.

"There is a picture by the gifted English painter, Orpen, which represents a solemn faced doctor telling a forlorn and yet handsome and vigorous young man about the youth's physical condition evidently, for the title of the canvas is "The Death Sentence." There is nothing more foolish than for the physician to inform any human being how long he can live. Of course, in cases of progressive cancer, the doctor can predict with considerable accuracy when the end will come.

"There are many thousands of men and women who are leading very cheerful and happy lives, however, whom some physician of the ultra pessimistic school had consigned to the nearest graveyard. The true optimism of medicine, if we must use that term, is founded on frankness and tact. If false optimism prevails, patients with minor defects would shut their eyes to all symptoms and do nothing at all, until a dis-

ease had developed which could not be resisted. It is the duty of the physician to cultivate a manner which will inspire confidence and hope in his patient. This the medical profession thoroughly realizes, and yet although the doctor may be urbane, magnetic, or what you will—he should not carry his optimism to the extreme of glossing over serious situations."

Dr. Thomas Darlington, formerly Health Commissioner of the City of New York, and widely known as advisor to large industrial corporations throughout the country, says that it is the duty of the physician to stimulate the will of his patient.

"One should not be so much of an optimist," he added, "that he is willing to cajole the patient and to conceal from him his true status. Of course, the practitioner should use his good sense and judgment as to how much he is to tell at one time and as to the proper occasion for imparting that information. The doctor should cultivate a serene and confident manner. He should consider always, that the average patient is in a more or less abnormal nervous state, and therefore, not cast him into the slough of despond by brutal statements or by an absent-minded, preoccupied manner, which is really pessimistic. The doctor cannot ignore the fact that many persons are cured every year by faith. Even the irregular practitioners are able, despite their ignorance, to favorably influence the wills of the sick.

"To quote a poem which I learned in my boyhood:

The man of medicine should ever be.

A wholesome man, if he would doctor be:

A man of hearty ways and cheerful eyes,
Who all depressing circumstance defies.
Whose thrilling magnetism and cheerful laugh.

Add to the remedies their better half;
And reinforce the courage and the will;
And give sure virtue to the doubtful pill.

"As I have often pointed out in

lectures to students, I do not mean to decry drugs and surgery, when favoring giving more attention to creating in the patient a new courage through his belief in the ability and energy of the doctor. A calm and equable nature which comes from belief in one's self, is an essential qualification for a successful physician. A doleful countenance has no place in a sickroom; neither has a face which is only superficially cheerful. The human heart often needs hope, as much as it does digitalis."

From the foregoing remarks it would appear that the medical profession might listen to some wise, old Polonius, who would say "Neither a pessimist nor an optimist be." If there were any such word in the dictionary, the designation "melliorist," that is one who hopes for the better, might be applied to a large class of physicians who believe in the golden mean. Nothing is so good nor yet so bad

(Concluded on next page)

A Most Satisfactory Covering For Wet Dressings



The IMPERVIOUS "CILKLOID" excels as a soft, pliable impervious covering for hot, moist dressings so effectually used in the treatment of acute infections. It is softer, more pliable, easier to handle and less expensive than other impervious materials, and very suitable for all impervious coverings, over ointments, etc. Secure supply from your regular Supply House.

Rolls 9 in. x 4 yds.

"Standard" (single weight) \$1.00.

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Why It Will Do So

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(Concluded from preceding page)

but what it might be better. The philosophy of meliorism, which neither carries one into the skies nor into the rut, has advantages over limitless and unthinking optimism, and it is certainly an improvement over acidulous pessimism.

This all important phase in the relations of physician and patient—the mental attitude and the manner of the practitioner, needs light from many directions. The outline which is here presented may be the means of gaining from the readers of MEDICAL ECONOMICS opinions which will give the completed picture which pays them best: Pessimism, meliorism, or optimism?

A Generous Offer

The Decoater Folding Tooth Brush, made and guaranteed by The Pepsodent Company, makers of the well-known Pepsodent Tooth Paste, has probably won more words of commendation from leading physicians and dentists than any other single item brought out for some time for the furtherance of oral hygiene.

This brush conveniently folds up to pocket size into an attractive nickel-plated case, thereby making it most convenient to always have a tooth brush with you at the office, on vacation, or when traveling.

Especially just what you need on your Summer vacation.

The retail price of this brush is \$1.00, but The Pepsodent Company has generously made the offer of one brush only to the readers of MEDICAL ECONOMICS at 50c.

Write The Pepsodent Company, 1104 South Wabash Avenue, Chicago, Illinois.

Remember that money is of a prolific, generating nature. Money can beget money, and its offspring can beget more, and so on. The more there is of it the more it produces every turning, so that the profits rise quicker and quicker.—Benjamin Franklin.

Ex Libris

The Antidiabetic Functions of the Pancreas, by J. J. R. Macleod & F. G. Banting. 69 pages. St. Louis: C. V. Mosby Co., 1924.

The Beaumont Foundation lectures tell the history of the discovery of insulin.

* * *

Intravenous Therapy, by Walter F. Dutton, M. D., of Philadelphia. 542 pages. Philadelphia: F. A. Davis Co., 1924.

We did not know one could do so much work intravenously until we read this book.

* * *

Geriatrics, by Malford W. Thewlis, M. D., of New York. 401 pages. St. Louis: C. V. Mosby Co., 1924.

If you treat old people, read Thewlis.

* * *

Emergency Operations, by H. C. Orrin, O. B. E., of Newcastle-on-Tyne. New York: William Wood & Co., 1924.

An interesting subject cleverly presented.

* * *

Gynecology and Pelvic Surgery, by Roland E. Skell of Western Reserve University. 674 pages. Philadelphia: P. Blakiston's Sons & Co., 1924.

The general practitioner will eat this volume up.

* * *

Management of the Sick Infant, by Langley Porter, M. D., of London. 659 pages. St. Louis: C. V. Mosby Co., 1924.

This book treats babies as babies, not as ungrown men and women.

* * *

Hernia, by Leigh F. Watson, M. D., of Rush Medical College. 660 pages. St. Louis: C. V. Mosby Co., 1924.

Those interested in hernia will find a superfluity of the subject herein.

Beware of little expenses; a small leak will sink a great ship.
—Emerson.



How to Use Iodine For Oral Administration

When you want the therapeutic action of iodine, you want it, of course, without the disagreeable side symptoms, such as gastritis and acne. For this reason the alkaline iodides are not likely to be employed by one considerate of his patients. The alkaline iodides or syrupy preparations of iodine are unnecessary when "IODOTONE" will do the work without any unpleasant after effect.

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Letters of a Self-Made Doctor---No. 7

(Continued from page 28)

There were certain fake institutions to be dealt with summarily, on paper at least, and then there was the question of scanning the records of all those who applied for membership so that none but a regular, who stuck more or less rigidly to a standardized code of ethics, was admitted.

I found that there was a small crowd of men who attended to all these things and, in the majority of instances, with a great deal of efficiency and conscientiousness.

I had heard it said that the majority of these societies are run by a clique and that they do things to suit themselves and to suit darn few others. It reminds me of the golf club to which I belong and of which I am a governor. All the "govs" work for nothing, get all the kicks and are told, behind our backs, that we are a sad lot and need to be told a thing or two. But I don't see anyone who kicks who wants to take our jobs and, of course, someone has to do it.

Now, in our County Society, we have a lot of men who like to play the political game and they have played it so long that they know it pretty well, and it makes me as sore as it makes them to have an outsider butt in and tell them how much better he could run things. In some ways it's just like Tammany Hall and a reform administration. When Tammany runs things, everybody kicks, yells that the city is being robbed and that the whole bunch of Tammany-Ikes are thieves, but somehow they run this old city so that it works on schedule time and the down-and-outers get a square deal. Moreover, the rich don't suffer and the poor seem happier.

When the reform administration comes in, they begin housecleaning, try to work things on the newest efficiency lines and just as they are about to announce that they are ready to do something, the "peepul" get tired and kick

them out and four more years have been spent in vain. What I want to get at is that the men who run our County Societies are working for the good of everyone else as well as themselves and that by their training they are fit for jobs that the average man won't take the trouble to learn.

We have an election every year in our County Society. The thing is run on real, ideal, political lines. The ballots are printed beforehand and have names on them of everyone who has been nominated at the previous meeting. Seldom is more than one man nominated for any one job except the delegates to the State Convention. It's all fixed up beforehand by the powers that be. Once in awhile an outsider butts in but he hasn't the chance of a snowball in hell to get elected.

The ruling minority are always satisfied because they always elect their man. The great unruling majority are always smiling cynically and saying, "Oh, what's the use of us doing anything but trail along."

Now, that's the wrong idea. In my twenty years of association with our County Society, I haven't seen this ruling minority elect a man yet, to any office, who wasn't the right man. They know who are the best men to run the society and they are not going to take any chances that a wrong one gets in who will insist on woman's right and polygamy for doctors rather than a square deal for the whole medical fraternity, including the safeguarding of the public from the machinations of a lot of legislators who can be lobbied into thinking almost anything.

As I said before, I joined the County Society early and it wasn't long before I began to get a hunch that it was up to me to be on the side of those who were doing their best to help the rest. And thus it is that I have been a delegate

(Continued on page 44)

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It Always Gives Satisfaction



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CACTINA PILLETS

A cardiac tonic that imparts tone to the heart muscle by improving its nutrition. Notably effective in the treatment of *Tachycardia, Palpitation, Arrhythmia, Tobacco Heart* and all *Functional Cardiac Disorders*.

PRUNOIDS

A gentle but efficient laxative that acts by stimulating the physiologic processes of the bowel. Affords prompt and satisfactory relief from *Chronic Constipation*, without griping or other unpleasant effects.

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To Physicians who will write in, mentioning **MEDICAL ECONOMICS**, we will be glad to send liberal samples and interesting data.



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That in all cases of hyper-secretion from the genito-urinary mucous membranes, Listerine, alone or with the addition of astringents or medicaments, serves a most useful purpose.

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Also makers of Listerine Tooth
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and Listerine Dermatic Soap

(Continued from page 42)

to the State Society for a number of years.

I suppose you wonder what this has to do with you. It has this much to do with you—that it is my opinion that the successful doctor should see to it that he is interested in something more than scientific medicine and chasing the almighty dollar to keep the wolf from the door. He should be interested in anything which has to do with the welfare of the medical fraternity and one of the chief things he should get to know is how much the state has to do with his liberty in practicing medicine in a way which will not limit him in doing everything he can for his patient. Moreover, he should be sufficiently interested to be willing to give up time and money to fight the quacks and fakirs, not because they are taking money out of his pocket, but because they are actually maiming and killing a public whose eyes are no sooner opened to one form of fake than they fall for another.

I went up to the convention and, take it from me, if you are willing to separate the serious part of the meeting from the amusing things that happen, you can have a lot of fun while accomplishing some little good. The speaker at our convention is a little man who knows more about Roberts' Rules of Order than Roberts ever did. He has to know more because there are a lot of guys ready to trip him up; but up to date they haven't succeeded.

Committees are appointed which are properly instructed and then the reports of the previous committees are read. Everything went smoothly, even if the speaker did sit down upon a few recalcitrant members, until they began to discuss amendments to the Constitution and By-laws. They came to one paragraph which sounded very simple and sensible. A friend of mine was sitting next to me. Says he:

"We can't let that go by. It's too sensible. Let's mix it up a

bit so that they will have something to discuss next year." He didn't really say that, but before they were done, I am sure they fixed it in such a way that when a new set of delegates gets in, they will have a chance to spend some more time discussing it.

At the night session the question came up about raising the dues so that we would have more money to fight the quacks and things of that sort. The amount that each member would have to pay extra would be very little but it took two hours to discuss the matter, so that everyone could have his say, although everyone was agreed before we started that we needed extra money and that we had to have it. Meanwhile, members were swinging in and out of the door to the temperance bar to get a breath of fresh air and some coca cola, all except those who had been talking and who wanted to see how the vote was going to be cast. Somehow the meeting broke up at a seemly hour to be called for nomination of officers the next morning.

During the few weeks before the meeting, we had been deluged with letters, telling us who was the best man for president because there was going to be a contest. It seemed that the man who could get someone to make the best nominating speech and who could get the most men to second him would be made president. But we have a secretary of our local society who can make himself heard. His lungs are a bellows and his voice like a thunder storm. So he got up and said:

"Mr. Speaker, I move that the nominating speeches and the seconding speeches be limited to two minutes."

His movement was seconded by a hundred or so others and carried.

The Speaker called for quiet. He takes out his watch. "Gentlemen," he remarked, quietly, "I have here an accurate stop-watch. I shall gavel every speaker to the

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second. This watch has timed many horses."

"Point of information," roars my friend, the County Secretary. "Has that watch ever stopped any jack-asses?"

Of course, he didn't mean anything personal and everybody laughed because they knew what he meant, but, take it from me, Jerry, you have to be a big man to call doctors jack-asses, either individually or collectively. I wish you to bear in mind that if you are going to join your County Society (and I hope you will) you must be very careful to be polite, even in fun, until you get to be a big politician and then you can say almost anything.

The convention is over and I have returned with many thoughts in my mind, the chief of which is that I am mighty proud that I can be a little help, even if I am a good listener and never get on my feet to air an opinion. I feel that I am still in the formative period and that I am learning a lot about how we are legislated for and against, which I can

hand on to others with a little authority.

I think every man should train himself to know the law, particularly as it is applied to his own life and way of living.

I wonder if you realize that we have Bolsheviks in the medical profession?

I wonder if you realize that we have cults which are robbing people so that they haven't enough money to feed their children?

I wonder if you realize that the insurance companies are trying to dictate to you what your fees should be?

I wonder if you realize that some ginks in the legislature want to have State medicine which means that all of us will be working on salaries?

And to me personally, I am much irritated in what Father Volstead has done to me, and if the increase in dues which we have decided upon don't help any more than to see that I get my legitimate six quarts a year, I am satisfied.

Cordially,
ERASTUS HUTT.

A Doctor's Life Insurance

(Concluded from page 13)

responsibilities, than a business man for the reasons stated before. The insurance should be taken on a plan to provide the greatest amount of permanent protection for the least possible outlay, because of the physical ability required and because the younger it is obtained, the cheaper it is, and then adjusted to meet the changed conditions.

All should carry disability income with waiver of premium and provide an old age income at the time the average doctor's earning capacity begins to drop off, that is

after the age of 65.

The amount of insurance carried should be in direct proportion to the income of the doctor and to his family and business responsibilities. There is no way that a professional man can live as well with his family, accumulate something for his own old age, and guarantee his beneficiaries the same standard of living, as through the medium of a properly arranged insurance estate.

These are briefly the things that a doctor should expect to receive in the way of professional insurance service.

God's men are better than the devil's men, and they ought to act as though they thought they were.—*Henry Ward Beecher.*

"Great truths are portions of the soul of man; great souls are portions of eternity."

—*James R. Lowell.*

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(Concluded from page 10)

little in collections, but there are other times when practice is light, so I merely hop into my car and ride out among my delinquent patrons and get notes from them and turn them over to the bank. They pay the interest to the bank and not to me.

It is surprising how much it helps one's business to be paid up to date. Business gets more business and when people have to pay for services they appreciate them. I find the people who are treated for nothing because they do not pay their bills have very little regard for the doctor's service.

I have made it a rule never to allow an amount of more than \$25 to stay on my books for 30 days without a note. It is a hardship at times to go out and ask a man

for his note, but it is not nearly as much of a hardship as it is for my family to do without the necessities which could be purchased with the money I have honestly earned. There is another way of looking at it. Why permit my clientele make use of money which it owes me to better its own financial condition. The money belongs in my pocket and that is where I prefer to have it. If people want to hire money from me or, rather as I work it, from the bank, let them pay the 8% and then keep it as long as they see fit.

I believe if the country doctors throughout the country would adopt a scheme like this they would find they could, as I do, collect 97 per cent. of their indebtedness without particular difficulty.

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